

EDWARD HINES, JR. VA HOSPITAL
PSYCHOLOGY PRACTICUM TRAINING PROGRAM

HINES VA HOSPITAL
PSYCHOLOGY SERVICE (116B)
EDWARD HINES JR. HOSPITAL
5000 S. 5TH AVE.
HINES, IL 60141



<http://www.hines.va.gov/about/PsychP.asp>

Please submit all application material to:
Hinespsychologypracticum@va.gov

Rene Pichler-Mowry, Ph.D., HSPP
Practicum Training Coordinator

Katherine Meyers, Ph.D.
Psychology Training Director

Questions about the application process can be directed to
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Phone: (708)202-2937
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HINES HOSPITAL

Hines Hospital is one of the largest and most diversified medical and surgical hospitals in the Department of Veterans Affairs system and the largest VA facility in Illinois. The hospital is a tertiary referral center with many specialty services including some that serve a large U.S. regional area. The Psychology Service operates as an independent department within the larger Mental Health Service Line and has good working relationships with wide-ranging medical disciplines within the hospital. The units and patient programs served by Psychology Service include Primary Care, Blind Rehabilitation, Cardiac Care, Substance Abuse Residential Rehabilitation Treatment Program, Extended Care (Geriatric), Infectious Disease, Inpatient and Outpatient Psychiatry, Intensive Care Medicine, Neurology, Oncology, Physical Medicine and Rehabilitation, Trauma Services Program, TBI/Polytrauma program, Spinal Cord Injury, and many more.

As a VA hospital, Hines gives priority to the care of Veterans whose injuries or medical conditions were obtained while in the military service of the United States. Hines is also authorized to serve all Veterans who have limited financial resources. A high proportion of our patients are from ethnic minority groups, thereby enriching the cultural atmosphere of the hospital.

The Hospital is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF) and has affiliations with numerous universities.

The Hospital and its academic affiliates conduct many symposia, workshops and consultant presentations on a broad range of topics from many healthcare fields, and these in turn are available to trainees.

PSYCHOLOGY SERVICE

The Psychology Service at Hines represents a health care model in keeping with the ideal set forth by the American Psychological Association, i.e., an independent clinical service directly responsible to the Chief of the Mental Health Service Line. At Hines, Psychologists are privileged providers with membership on the Medical Executive Committee.

The Psychology Service includes 64 doctoral-level psychologists. The broad range of expertise, background, and experience represented in the staff is also reflected in the diversity of their professional assignments throughout the Hospital.

Psychologists work in traditional psychiatric and rehabilitation settings, as well as in neuropsychology, family therapy, and health psychology specialties such as pain management, primary care, home-based health care, oncology, heart disease, and HIV consultation.

HEALTH PROFESSION TRAINEE REQUIREMENTS

Practicum trainees are considered health professions trainees (HPTs) and are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. This may include COVID-19 testing and vaccination requirements as they relate to all health professionals. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options will be provided. Hines VA training leadership will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

COMMITMENT TO TRAINING:

Despite the numerous challenges the pandemic has presented, we remain committed to providing the best and most robust training we can while keeping our Veterans, trainees, and staff members safe.

PROGRAM DESCRIPTION:

Hines VA Hospital offers extended twelve-month practica in one of seven clinical areas. The practicum at Hines VA Hospital begins in late June and ends in mid-June with the 2-day mandatory orientation on June 18th & June 20th, 2024. Practicum students are expected to complete 700+ hours within this time frame. Furthermore, students are expected to work at least 16 hours per week across two days, with a typical workday beginning at 8:00 a.m. and ending at 4:30 p.m. although some tracks may require alternate hours. Students will work on one track for the entire year, although exposure to different supervisors is included in some tracks.

LEAVE:

Two weeks (or the equivalent of 4 days) vacation is allotted for the 12-month practicum. Vacation requests should be made to the trainee's direct supervisor at least two weeks in advance, although further notice is preferable. Special accommodations may be made for those going on internship interviews or other unique circumstances. Trainees are encouraged to discuss this directly with their supervisors. Two weeks (or the equivalent of 4 days) of sick leave is allotted for the 12-month practicum. If trainees take all vacation and sick leave, then this leaves 48 weeks of clinical training time, or 768 hours. A minimum of 768 hours is expected; should additional time off be arranged with one's supervisor, this time must be made up.

Any extended sick leave (beyond 1 week) must be accompanied by a doctor's explanation. Trainees are required to call their supervisors directly if they are late or need to use sick leave. Excessive tardiness and/or absences are unacceptable and could result in a practicum being considered incomplete. In these cases, consideration of special arrangements and/or termination of the practicum would be discussed between Hines VA Hospital and a trainee's academic program. Trainees are expected to track their own leave (sick and vacation) days and plan accordingly if additional days will need to be made up.

During their practicum experience, trainees will be closely supervised by a licensed doctoral-level psychologist with a specialty in that particular track. A minimum of one hour of formal individual supervision will be provided by all tracks. However, additional supervision, consultation, and didactic activities are available for most tracks and are training-area specific (e.g., neuropsychology didactics, integrated care grand rounds, etc.). Because Hines VA Hospital also has APA-approved internship and post-doctoral programs consisting of seven interns and seven fellow slots, we are very familiar with providing excellence in training. Toward this end, we stress education, supervision, and training. Trainees are not treated as technicians. Practicum will allow trainees to apply classroom theory in a practical setting to develop greater confidence in their clinical skills, and to mature as professionals.

ELIGIBILITY:

1. U.S. citizenship may be required, though specific visas are sometimes considered at the practicum level. Please reach out to practicum coordinators with any questions.
2. Trainees are subject to fingerprinting and background checks.
3. Doctoral student in good standing at an American Psychological Association (APA). Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.

SUPPORT/CHAIN OF COMMAND:

It is expected that trainees will raise any concerns they may have (about professional, clinical, or personal issues relevant to practicum work) with their direct Hines VA supervisor. In the case that one would like to raise any issue with someone other than their Hines VA supervisor, trainees may approach Dr. Rene Pichler-Mowry (Practicum Coordinator) or Dr. Katherine Meyers (Training Director) for assistance. If needed, another option for assistance (higher in the chain of command) is Dr. O'Donnell (Chief of Psychology, Hines VA).

ACADEMIC PROGRAMS OF OUR PAST TRAINEES. We accept applications from any APA-accredited doctoral program.

Adler University
DePaul University
Illinois Institute of Technology
Loyola University Chicago
Midwestern University
Northern Illinois University
Roosevelt University
Rosalind Franklin University of Medicine & Science
The Chicago School of Professional Psychology
University of Illinois at Chicago

University of Illinois at Urbana-Champaign
Wheaton College

AVAILABLE PRACTICUM TRACKS:

- ___ Complex Medical Care (previously TBI/Polytrauma) (Therapy and Minimal Assessment):
Dr. Hessinger and Dr. Pichler-Mowry (2 students per year)

- ___ Geropsychology (Therapy and Assessment)
Dr. Page and Dr. Day (1 student per year)

- ___ Health/Rehabilitation Psychology: Emphasis in Spinal Cord Injury (Therapy and Minimal Assessment):
Dr. Niznikiewicz, Dr. Song, and Dr. Weber (1-2 student per year)

- ___ Integrated Care/Health Psychology Tracks (Therapy and a combination of Formal & Informal Assessment):
Dr. Anker, Dr. Bhagavatula, Dr. Gambro, Dr. Goldstein, Dr. Mikrut, and Dr. Wilson (2 students per year)

- ___ Neuropsychological Assessment (Assessment Only):
Dr. Kinsinger, Dr. Riordan, Dr. Stika, Dr. Urban, and Dr. Wiley (3-4 students per year)

- ___ Psychosocial Rehabilitation & Recovery Center (PRRC) (Therapy and Minimal Assessment)
Dr. Cano, Dr. Curland, and Dr. Lyskawa (1 student per year)

- ___ Trauma Services Program (Mixed Therapy and Assessment):
Dr. Beyer, Dr. Colangelo, Dr. Jeffries, Dr. Noblett, Dr. Perera, and Dr. Tang (3-4 students per year)

DESCRIPTION OF PRACTICUM TRACKS:

1. COMPLEX MEDICAL CARE TRACK (Formerly TBI/Polytrauma)

Supervisors: **Jonathan Hessinger, Ph.D.**
 Rene Pichler-Mowry, Ph.D., HSPP
 (Rene.Pichler-Mowry@va.gov)

Trainees will conduct mental health therapy and some assessment with Veterans being followed by the Edward Hines, Jr. VA Hospital's Traumatic Brain Injury (TBI)/Polytrauma Team. This track is designed for an advanced practicum trainee and/or a trainee who has a strong background in psychotherapy and medical rehabilitation. Due to working with the TBI population, trainees with an interest in neuropsychology have also been a good fit for this track. This is a 12-month 2 days per week track with Wednesdays being a mandatory day with hours 7:00am to 3:30pm.

The TBI/Polytrauma Team is an interdisciplinary team from the following disciplines: amputation specialists/prosthetists, blind rehabilitation, chaplaincy, neuropsychology, nursing, nurse educators, occupational therapy, physical therapy, physical medicine and rehabilitation, psychiatry, psychology, recreation therapy, social work, speech and language pathology, and vocational rehabilitation. As part of the Traumatic Brain Injury (TBI) /Polytrauma Psychology clinic, trainees will learn how to work as part of an interdisciplinary team dedicated to evaluating and treating individuals who have sustained multiple, and/or possibly life threatening combat related injuries including TBI, soft tissue damage, auditory and visual impairments, amputations, along with comorbid emotional and psychological difficulties (i.e., depression, Post Traumatic Stress Disorder [PTSD], adjustment reactions to civilian life post-deployment, substance use disorders). Therefore, a primary focus of the track includes the treatment of co-occurring mental health problems and medical rehabilitation. In addition, Veterans may present for help with adjustment to medical conditions, such as traumatic brain injury, amputation, spinal cord injury, sleep issues, and chronic pain. Treatment may be brief or long-term depending on the Veteran's presenting concerns, needs, goals, and progress in therapy.

Polytrauma and TBI Veterans are a diverse population from multiple war conflicts. The TBI/Polytrauma clinic may also serve a number of active-duty service members (most of who are currently in the reserves). Most of the Veterans seen within this track have Mild TBI co-occurring diagnoses.

While on this track, trainees will regularly assess symptoms (e.g., depression, post-traumatic stress), risk, and provide individual psychotherapy services to

Veterans, couples, and families, with the opportunity to integrate assessment data (e.g., personality tests, brief cognitive screens, information from neuropsychological and/or TBI evaluations) to guide their clinical decisions. Occasional opportunities to conduct group work are also available. Trainees will learn various manualized treatments such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and will also have the opportunity to use therapy modalities such as Acceptance & Commitment Therapy (ACT), Motivational Interviewing (MI), and Cognitive Behavioral Therapy (CBT) for depression, anxiety, substance use disorders, and/or chronic pain. Trainees also participate in the administration of the clinic, conduct psychological assessments (e.g., the Clinician-Administered PTSD Scale [CAPS]). Additionally, trainees in the TBI/Polytrauma Psychology clinic provide education and consultation regarding mental health issues to the TBI/Polytrauma staff, Veterans, and Veterans' family members. The members of the TBI/Polytrauma Psychology clinic also participate in interdisciplinary collaboration with TBI/Polytrauma treatment team members. Trainees are required to attend and participate in TBI/Polytrauma staffing and administrative meetings.

Staff in the TBI/Polytrauma Psychology clinic includes licensed clinical psychologists (Drs. Rene Pichler-Mowry & Jonathan Hessinger) as well as trainees at various levels of training (i.e., predoctoral interns, and predoctoral trainees). Psychology trainees will receive at least one hour per week of individual supervision from Dr. Pichler-Mowry or Dr. Hessinger. In addition to clinical supervision, trainees receive education about clinical topics in the following formats: TBI/Polytrauma Psychology (as scheduled) and Medical Rehabilitation Psychology (monthly) didactics (i.e., psychological assessment and intervention for chronic pain, Prolonged Exposure [PE], professional development, etc), Polytrauma Grand Rounds, Social Work inservice meetings, and Loyola University Medical Center Grand Rounds.

Psychology trainees will spend two days per week (16 hours/week) in the TBI/Polytrauma Psychology clinic, which is an outpatient clinic designed to serve the mental health needs of Polytrauma and TBI Veterans.

Primary Goals:

Trainees in the TBI/Polytrauma Psychology track will gain experience in the following skills and activities:

1. Increased exposure to various clinical phenomena, including TBI, PTSD, mood disorders, anxiety disorders, chronic pain, sleep difficulties, substance use disorders, physical injuries, risk factors (e.g., suicide, homicide, etc.) and other presenting problems.
2. Learn to administer and interpret various assessment instruments relevant to the common presenting problems of this population, including: The Clinician Administered PTSD Scale for DSM-5 (CAPS-5), PTSD Checklist (PCL), and Beck Depression Inventory-II (BDI-2).

3. Utilize supervision to help conceptualize presenting problems and select appropriate treatment goals and intervention strategies.
4. Learn how to flexibly apply empirically based intervention modalities, including: Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Behavioral Activation, Pain Management, and supportive therapy.
5. Learn to write succinct, clinically relevant notes.
6. Exposure to a consultant model of interacting with other disciplines.
7. Become comfortable and familiar with consultation within an interdisciplinary treatment team.

COVID Changes:

During the 2023-2024 training year thus far, externs in the Complex Medical care track are on campus one day per week and teleworking the other day. They complete all necessary training for conducting virtual care to our Veterans. The externs are fully trained about how to contact their supervisors in the event of a high-risk situations. We provide proper PPE for our externs in the event they are providing clinical care in person. We will follow all CDC and Hospital guidelines to ensure the safety of our Veterans, trainees, and staff alike.

2. GEROPSYCHOLOGY TRACK

Supervisors: Kyle Page, Ph.D., ABPP
Anne Day, Ph.D. (Anne.Day2@va.gov)

Practicum trainees working on the Geropsychology Track will have the option of working in one of three programs for the duration of the year – Home Based Primary Care, Palliative Care, or in our Community Living Center, a 100-bed inpatient rehab and long-term care facility on the Hines campus. This track is designed for a practicum student at any level who is interested in working with older adults and their families. This is a 12-month 2 days per week track, with hours 7:30am – 4 pm. In each possible clinic, trainees will have the opportunity to engage in both therapy and assessment (with the exact balance being determined by your personal interest, training needs, and flow of referrals).

Home-Based Primary Care (HBPC) is a large interdisciplinary team that works together to provide primary care to older, chronically, comorbidly ill Veterans. Care is provided in Veterans' homes in the community. Practicum students will ALWAYS be with a staff member during home visits, and safety is a top priority. Examples of the types of referrals a Psychologist in HBPC might get include: a Veteran who is having difficulty coping with aging, chronic illness, or functional decline; a Veteran with a specialty mental health concern (e.g., PTSD, SMI, depression); caregiver support for the spouse of a Veteran who is cognitively

impaired. We see a broad range of behavioral medicine and clinical psychology issues, and work closely with Geriatric Psychiatry to meet the Veteran's needs. Treatment may be brief or long-term depending on the Veteran's presenting concerns, needs, goals, and progress in therapy. This is an outpatient clinic.

Palliative Care is a specialty of medicine for seriously ill patients who are helped by the team in two ways: (1) symptom management (e.g., nausea, shortness of breath) and (2) discussions of a Veteran's goals of care. Most of our Palliative Care patients are Veterans with cancer, although we also serve patients with end-stage lung disease, end-stage renal disease, advanced heart disease, dementia, and other life-limiting illnesses. Psychology within Palliative Care is often consulted to help patients cope with serious illness, discuss end-of-life issues, support the caregivers and family members of patients who are seriously ill, and help the medical team with complex goals of care discussions. A trainee in this program will be addressing issues of mortality, death, and dying, topics that will be openly discussed and processed in supervision. Assessment in this clinic is slightly more limited than in the other two geriatric clinics. This clinic has both inpatient and outpatient options.

The **Community Living Center (CLC)** is a 100-bed long-term care facility that provides short-term acute rehab, long-term care, respite, and hospice care. Trainees in this facility will work with Dr. Kyle Page, who is board-certified in Geropsychology, and whose expertise is in geriatric assessment and decisional capacity. Trainees will have the opportunity to provide evidence-based psychotherapies for older adults, engage in comprehensive neurocognitive testing, and engage in assessment of various decisional capacities (e.g., capacity for medical decision-making, capacity for independent living). A trainee in the CLC will work closely with Geriatric Medicine, Social Work, Pharmacy, Dietary, Physical Therapy, and Nursing. This is an inpatient program.

Additionally, trainees in the Geropsychology Track will provide education and consultation regarding mental health issues to the staff within their programs, Veterans, and Veterans' family members. Trainees are required to attend and participate in staffing and administrative meetings.

Staff in the Geropsychology Track includes licensed clinical psychologists (Drs. Kyle Page, Anne Day, Julie Horn, and Catalina Vechiu) as well as trainees at various levels of training (i.e., predoctoral interns, and a Geropsychology Fellow). Psychology trainees will receive at least one hour per week of individual supervision from their supervisor. In addition to clinical supervision, trainees receive education about clinical topics in the following formats: Geri Squad (a weekly meeting of Geriatric MH staff); Integrated Care Grand Rounds (monthly) didactics (i.e., psychological assessment and intervention for chronic pain, Prolonged Exposure [PE], professional development, etc); Geriatric Seminar (weekly) and Loyola University Medical Center Grand Rounds.

Primary Goals:

Trainees in the Geropsychology track will gain experience in the following skills and activities:

1. Increased exposure to various clinical phenomena, including management of the following conditions in older adults: mood disorders, anxiety disorders, chronic pain, sleep difficulties, substance use disorders, cognitive disorders; care for caregivers.
2. Increased exposure to geriatric medicine and various skills associated with working with patients in an inpatient, medical setting.
3. Utilize supervision to help conceptualize presenting problems and select appropriate treatment goals and intervention strategies.
4. Learn how to flexibly apply empirically based intervention modalities, including: Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Behavioral Activation, Pain Management, and supportive therapy.
5. Learn to write succinct, clinically relevant notes.
6. Exposure to a consultant model of interacting with other disciplines and become comfortable and familiar with consultation within an interdisciplinary treatment team.

COVID Changes:

During the 2023-2023 training year, we expect that externs in the Geropsychology Track will be on campus both days to be in the CLC, and one campus one day (teleworking the other) for Palliative Care and HBPC. They will complete all necessary training for conducting virtual care to our Veterans. The externs will be fully trained about how to contact their supervisors in the event of a high risk situations. We will provide proper PPE for our externs in the even they are providing clinical care in person. We will follow all CDC and Hospital guidelines to ensure the safety of our Veterans, trainees, and staff alike.

3. HEALTH/REHABILITATION PSYCHOLOGY: EMPHASIS IN SPINAL CORD INJURY TRACK

Supervisors: Michael Niznikiewicz, Ph.D. (Michael.Niznikiewicz@va.gov)
Sharon Song, Ph.D., ABPP
Daniel Weber, Ph.D.

This practicum is 2 full days per week for 12 months.

Hines SCIS is a regional center that provides acute rehabilitation, medical and sustaining care, long-term residential care, home care, and outpatient care to Veterans with a spinal cord injury or patients receiving care in our MS clinic. The Veteran population tends to be bi-modal in age with younger Veterans acquiring traumatic injuries due to accidents, etc. and older Veterans acquiring SCI due to progressive disease or injuries related to falls, etc. The hospital-based SCIS consists of two 29-bed units with 8 of those beds committed to acutely injured individuals undergoing intensive rehabilitation. The Residential Care Facility houses 30 Veterans with spinal cord injuries and provides long-term residential care. Finally, SCI outpatients are seen for follow-up while they are in the acute hospital setting, on an outpatient basis either in person (COVID-19 safety considerations allowing) or via telehealth. The spinal cord injury service is an interdisciplinary program focusing on medical as well as psychosocial functioning throughout the patient's inpatient and outpatient care. Veterans present with a variety of spinal cord problems (both traumatic and non-traumatic) as well as psychological problems, which may or may not be related to their spinal cord impairment. Veterans may present with medical complications associated with their spinal cord injury, acute/chronic medical conditions that require hospitalization, or sub-acute rehabilitation. Approximately 30% have some diagnosable psychological problem; most typically present with affective disorders, cognitive impairment, and/or substance abuse. The treatment team consists of medicine, occupational therapy, physical therapy, kinesiotherapy, speech language pathology, social work, nutrition, educational therapy, recreational therapy, vocational rehabilitation, nursing, psychology, chaplain, and other specialties. The trainee will work as a member of an interdisciplinary team alongside these various disciplines. Moreover, trainees on this track will participate in weekly interdisciplinary discharge rounds, and have an option to attend weekly interdisciplinary rehab meetings (depending on trainee schedule). The trainee will be exposed to consultation, assessment, and individual therapy.

Trainees in the Spinal Cord Injury Service practicum will gain experience in the following skills and activities:

1. Conducting diagnostic and comprehensive psychosocial assessments of individuals with SCI and related disorders.
2. Evaluation and provision of evidenced-based treatment for individuals on the inpatient, outpatient and rehabilitation units. Clinical services including differential diagnoses, follow-up counseling, team consultation, and triage to specialty services (i.e., Psychiatry, Mental Health, Speech Pathology, etc.).
3. Development of professional skills relevant to working collaboratively with medical providers and interdisciplinary professionals.
4. Development of skills in assessment and treatment of various levels of psychopathology, ranging from adjustment to injury to severe psychopathology.

5. Development of skills in health and rehabilitation psychology.
6. Participation in weekly interdisciplinary team meetings, as well as reading current and relevant research related to the field and relevant treatment techniques.

COVID-19 RELATED CHANGES:

All SCI clinics have had to adapt within the current climate of COVID-19. As we continue to move forward, all supervisees may experience some modifications to the structure of the rotation and this may change at any time as new information is gleaned. Many of our inpatient and residential care services continue to be provided in-person, and most of our outpatient services have moved to telehealth or phone. As long as trainees are permitted to be on campus, supervisees will be provided with the necessary personal protective equipment (face shield, goggles, mask, gowns, gloves, etc.). Depending on hospital rules for externs and SCI directives, trainees may or may not be subject to regular COVID testing. It should be noted that it is not always possible to maintain 6 foot distance from patients and other staff in this rotation setting. Supervisees should not feel compelled to see patients face-to-face if they feel unsafe in this environment even with the protective gear. Also depending on hospital directives, externs may only be site for a fraction of the week, completing administrative/training activities and potentially low-risk clinical activities while working remotely. Training will be provided on remotely accessing VA records and systems. Ongoing, open communication between trainees, SCI Psychology staff, and the Training Director will remain vital as we navigate this challenging time.

4. INTEGRATED CARE/HEALTH PSYCHOLOGY TRACKS

Supervisors: Lauren Anker, PsyD.
Divya Bhagavatula, PsyD.
Iulia Gambro, Ph.D.
Daniel Goldstein, Ph.D.
Cassandra Mikrut, Ph.D. (Cassandra.Mikrut@va.gov)
Annette Wilson, Ph.D.

This practicum is 2 full days per week for 12 months and Wednesday is a recommended day.

The integrated care/health psychology practicum offers two separate tracks:

1. Integrated Care/ Primary Care Behavioral Health (PCBH)
2. Health Psychology/Specialty Medicine)

Integrated Care/ PCBH

The Integrated Care/PCBH trainee will work as a member of a nationally-recognized interdisciplinary PCBH program. The PCBH team provides co-located, integrated care services in primary care and some subspecialty programs (e.g., women's health and infectious disease), Psychology provides same-day, open access *mental health* and *behavioral medicine services* via consultation with medical providers as well as targeted evaluation and *brief treatment* for patients with broad ranging clinical presentations such as anxiety and mood spectrum disorders, PTSD, substance misuse, chronic illness, chronic pain, adjustment disorders, health promotion/disease prevention, and somatic concerns.

This track emphasizes *breadth of experiences*, with trainees gaining broad experiences in behavioral medicine and general mental health assessment and intervention, though the specific opportunities are easily tailored to trainees interests and training goals. Typically, trainees will carry a small caseload of patients for brief therapy, and will spend a half-day co-located in a primary care team, and will often facilitate a group intervention and engage in supervision and didactic opportunities throughout the rest of their training week.

Health Psychology/ Specialty Medicine

The Health Psychology/ Specialty Medicine trainee will also work as a member of the interdisciplinary PCBH program, with an emphasis on integration into Specialty Medicine services, including Oncology, Multidisciplinary Pain Clinic, Bariatrics, and Behavioral Sleep Medicine. These clinics see Veterans on an outpatient basis, same-day or through scheduled visits, with the opportunity for some inpatient care through Oncology. The trainee in this track would regularly consult with medical providers as well as provide targeted evaluation and *treatment* for patients with broad ranging clinical presentations such as chronic illness, chronic pain, sleep problems, anxiety, mood spectrum disorders, PTSD, substance misuse, adjustment disorders, health promotion/disease prevention, somatic concerns, and end of life care.

This track emphasizes building health psychology expertise, with trainees gaining experience in consultation, assessment, and intervention, though specific opportunities are easily tailored to trainees interests and goals, as with the Integrated Care/PCBH track. Typically, trainees will be integrated into one of our specialty medicine teams and carry a small caseload of patients for therapy, who they may follow both outpatient and inpatient. Trainees will have the opportunity to provide individual and group therapy, as well as work with primary caregivers, and engage in supervision and didactic opportunities throughout the rest of their training week.

Both Tracks

Our group programming opportunities are offered to trainees from both the Integrated Care/PCBH and Health Psychology/ Specialty Medicine tracks. Behavioral and mental health group treatments follow empirically-based treatment protocols (e.g., CBT-Chronic Pain; Coping Courageously, an abbreviated version of the Unified Protocol) and are tailored to mild to moderate emotional concerns, adjustment to illness, and management of emotional difficulties secondary to medical problems. Some of our other current group offerings consist of Coping with cancer, and pain and sleep classes, as well as a variety of minority-based stress-related group offerings.

We typically accept two trainees per year, with the Integrated Care/PCBH track offering a broader range of experiences and the Health Psychology/Specialty Medicine track offering more specialized training. Both trainees will be exposed to primary care psychology competencies with a focus on time-limited and population-focused evidence-based practice, which are emphasized in both primary care and health psychology fields. Formal didactic opportunities are available including monthly integrated-care grand rounds and invitations to a number of certified continuing education events that take place on campus and at Loyola University Medical Center. This practicum experience primarily focuses on treatment but will also include opportunities to complete several brief functional assessments. There may be opportunities for involvement in scholarly, research-related activities as well. Trainees also often benefit from peer mentorship at the internship or fellowship level as they navigate future training opportunities such as internship. Trainees who have completed our program often go on to competitive health-related or general mental health-related internship programs.

Trainees in the integrated care/health psychology practicum will gain experience in the following skills and activities:

1. The primary responsibility of the practicum student will be to develop and/or increase competence in providing clinical services to patients who are coping with mild to moderate mental health difficulties and/or acute or chronic medical conditions. These training opportunities will prepare one to work in a variety of integrated medical settings. More specifically, trainees will develop skills in:
 - a. Conducting diagnostic interviewing aimed at assessing the full spectrum of problems/difficulties that may impact one's physical and behavioral health including mood and anxiety disorders, difficulties with adjustment to illness, compliance issues, risk assessment, cognitive status, social support, substance use/abuse, chronic pain, sleep problems, end of life issues, and other subclinical symptoms.
 - b. Conducting individual and group psychotherapeutic interventions aimed at symptom reduction and increased adherence to medical recommendations.

- c. Developing and carrying out evidenced-based mental health and behavioral medicine treatment plans.
- d. Developing skills in serving as a consultant-liaison to the interdisciplinary treatment team.

Other training opportunities include:

- 2. Developing skills in initial assessment and outcome measurement in Primary Care and Health Psychology.
- 3. Deepening one's understanding of the complex interrelationship between psychological and physical well-being.
- 4. Developing skills in managing time and resources in a manner that is respectful of the fast-paced medical environment.
- 5. Developing psychotherapy skills that are respectful of a short-term, solution-focused, and evidenced-based practice model with a focus on functional outcomes as well as health promotion/disease prevention.
- 6. Increased awareness of military and Veteran culture as well as more broadly-defined cultural competency.

5. NEUROPSYCHOLOGICAL ASSESSMENT TRACK. On this track, trainees will rotate across supervisors, and may spend a portion of the year working with a Neuropsychology Post-Doctoral Fellow. This track is designed for an advanced trainee and/or a trainee who has a strong interest in Neuropsychology.

Supervisors: **Amanda Urban, Ph.D., ABPP**
 Patrick Riordan, Ph.D., ABPP
 Monica Stika, Ph.D.
 David Kinsinger, Ph.D., ABPP
 Anne Wiley, Ph.D., ABPP (Anne.Wiley@va.gov)

The trainee will become familiar with the flexible-battery approach to neuropsychological assessment. This method emphasizes qualitative and quantitative data within the framework of a battery of tests which are designed to answer specific consultation questions. Trainees will receive training and experience in the provision of assessment and consultation services to medically-based patient populations, as well as a psychiatric population. Neuropsychological services are predominantly provided in outpatient settings, but some inpatient assessment opportunities may be available as well. Referral sources include, but are not limited to, Neurology, Psychiatry, General Medicine, Geriatrics, Physical Medicine & Rehabilitation / Polytrauma, Neurosurgery, and Psychology. Consultations are utilized by a variety of medical disciplines, including physicians, psychologists, social workers, rehabilitation specialists, and

nurses for diagnostic purposes, dementia workups, future care planning, rehabilitation, and/or determination of capacity. Trainees will also become familiar with neuroimaging and lab results relevant to neurocognitive conditions. Trainees can expect to develop proficiency regarding clinical interviewing, test administration/selection, test interpretation, and report writing. Family contact is frequent, particularly with outpatients, and education/supportive services are common. The trainee will be exposed to a wide variety of neurocognitive disorders, including but not limited to: dementias, strokes and vascular disease, traumatic brain injury/polytrauma, toxic/metabolic disorders, aphasia, amnesic syndromes, and psychiatric presentations. Most of the patients will be older adults or younger Veterans in their 20's and 30's, but ages may range from 18 to 95. Patients come from a variety of socioeconomic, racial, and ethnic backgrounds. It is a prerequisite that students have some background in neuropsychology.

Trainees in the Neuropsychology practicum will gain experience in the following skills and activities:

1. Increased familiarity with the process-oriented/flexible-battery approach to Neuropsychology
2. Exposure to a consultant model of interacting with other disciplines
3. Exposure to and basic understanding of neuroanatomy
4. Increased familiarity with a variety of neurocognitive disorders, including but not limited to: dementias, strokes and vascular disease, traumatic brain injury/polytrauma, toxic/metabolic disorders, aphasia, amnesic syndromes, and psychiatric diagnoses
5. An in-depth understanding of cortical and subcortical dementias
6. An in-depth understanding of traumatic brain injury
7. Trainees will progress toward establishing their professional identity as psychologists.

2022-2023 COVID-19 Changes: The recent COVID-19 pandemic may continue to dictate changes in the neuropsychology practicum experience for the 2022-2023 training year. Specific changes are difficult to anticipate and may vary as a result of evolving hospital, state, and/or national guidelines, but may include provision of clinical services through telehealth modalities, remote training and supervision, and limited on-site hours.

7. PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC) TRACK

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This track is designed for a trainee who has a strong interest or background in serious mental illness (SMI). They will gain experience learning how to adapt interventions for Veterans experiencing SMI from a recovery-oriented lens. The PRRC is committed to promoting mental health recovery based on the individual's strengths and self-defined values, interests, and goals for wellness in various aspects of life. Our purpose is to inspire and assist individuals with serious mental illness in obtaining the skills and supports necessary for fulfilling personally-meaningful roles in life. We emphasize community integration, and individuals participating in community activities of interest to them.

Trainees will spend 2 full days (16 hours total) per week in the PRRC track. The PRRC is an outpatient, transitional learning center designed to support the recovery and community integration of Veterans living with SMI (e.g., Schizophrenia, Schizoaffective Disorder, non-organic psychoses, Bipolar Disorder, severe Major Depressive Disorder, and severe Posttraumatic Stress Disorder) and significant functional impairment related to their psychiatric condition. Services available through the PRRC reflect the general principles that everyone has the capacity for growth, and recovery from mental illness is possible. The PRRC offers evidence-based programming, delivered primarily in classroom format, aimed at teaching the requisite skills for realizing Veterans' self-chosen goals in various domains of life. The trainee will work alongside an interdisciplinary PRRC staff from the fields of Psychology, Social Work, and Peer Support, who collaborate closely with other providers in Psychiatry, Nursing, Mental Health Intensive Case Management (MHICM), Vocational Rehabilitation (Voc Rehab), and other healthcare areas, to create a unified treatment team approach to recovery. Additionally, the PRRC provides training experiences to interns in the Psychology pre-doctoral and Social Work master's programs who also function as integral members of the PRRC team.

The PRRC population consists of a diverse group of Veterans of various service eras, ranging in age from early 20s to early 90s, although predominantly male between 61-70 years of age. Besides having a primary SMI diagnosis, individuals referred to the program present with a wide range of co-morbid medical and psychiatric issues, including chronic passive and/or active suicidal ideation, past suicide attempts and inpatient psychiatric hospitalizations, substance use disorders, and military/non-military trauma histories. Common psychosocial challenges found among this population are long-standing employment problems, unstable housing, limited social support, emotional and relationship difficulties, poor coping, and non-adherence to treatment.

While on the PRRC track, the trainee will become familiar with the various rehabilitation and recovery resources available to participants in the program via education, skills training, Peer Support, community linkage, and the coordination of services with other VA providers. The trainee can expect to be involved in all aspects of the PRRC enrollment process, following a referral from the initial contact and program introduction to the intake assessment and completion of

symptom/baseline measurement. The trainee will carry a small caseload of 2-4 Veterans and have the opportunity to assist PRRC participants with individualized recovery planning and treatment for their identification and attainment of goals related to improved socialization, understanding and coping with symptoms, wellness management, support utilization, work/school functioning, independent living, and community involvement. Additionally, the trainee will gain exposure to psychoeducational and skills-based classes in the PRRC, such as evidenced-based classes for SMI and other classes that increase confidence using technology or improve self-esteem. Trainees have the opportunity to develop their own classes, if interested. There may also be opportunities for trainees to participate in community outings such as trips to local zoos, aquarium, nature walks, and others. As Inpatient Psychiatry is a major PRRC referral source, the trainee may be able to participate in “warm handoffs” by providing education on PRRC services to Veterans on the inpatient unit and facilitate/co-facilitate one to two weekly bridge groups. Services are provided in-person, and via video.

Additional information about the PRRC can be found at:

[Psychosocial Rehabilitation And Recovery Center | VA Hines Health Care | Veterans Affairs](#)

Primary Goals:

Trainees in the PRRC track will gain experience and skills in the following areas:

1. The mental health recovery model, basic recovery components, along with core principles and values of psychosocial rehabilitation and community integration.
2. SMI diagnoses and various co-occurring conditions and psychosocial issues.
3. Diagnostic interviewing, symptom assessment, and individualized recovery planning with an outpatient SMI population in a VA setting.
4. Evidence-based programming for SMI, such as Social Skills Training (SST), Cognitive Behavioral Therapy for Psychosis (CBTp), and Illness Management and Recovery (IMR).
5. Program education to potential referrals in inpatient and outpatient mental health settings for facilitating engagement and reducing barriers to treatment.
6. Consultation with an interprofessional team of providers.
7. Involvement in local and national PRRC program evaluation efforts and treatment outcome measurement.

8. TRAUMA SERVICES PROGRAM TRACK

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The Trauma Services Program (TSP) provides specialized training in the assessment and treatment of PTSD and other trauma-related conditions for Veterans who have experienced trauma and manifest trauma-related symptoms and/or problems with functioning. The Trauma Services Program (TSP) offers specialty, evidence-based, and culturally responsive treatment for Veterans who have experienced trauma and its sequelae. We follow the recovery model, which emphasizes values assessment, systems and family issues, and patient choice through a shared decision-making approach. Veterans may have experienced all types of trauma, including but not limited to combat, sexual assault (MST, adult sexual assault, or child sexual assault), physical assault, and motor vehicle accident. They may also have such comorbidities as Major Depression and substance use disorders. TSP patients include both men and women, representing all eras of service (e.g., Vietnam, Desert Storm, OEF/OIF/OND).

The Externship year is structured to provide comprehensive training in the cognitive-behavioral theory of PTSD, and in the assessment and treatment of PTSD and trauma-related sequelae using evidence-based therapies. In terms of assessment, Externs will be trained in the use of the Clinician Administered PTSD Scale (CAPS) and such self-report measures as the PTSD Checklist (PCL-5), Patient Health Questionnaire-9 (PHQ-9), Alcohol Use Disorders Identification Test (AUDIT), Drugs of Abuse and Medication Misuse (DAMM), Insomnia Severity Index (ISI), and the Columbia Suicide Severity Rating Scale (C-SSRS) both for diagnosis and treatment planning. Externs will also learn to provide evidence-based individual trauma-focused treatments, including Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT). Externs will receive one hour per week individual supervision, along with monthly group supervision.

Externs in the Trauma Services Program practicum can expect to be an integral part of the team. The program also works in close connection with the Mental Health clinic, as well as with the rest of the Mental Health Service Line. All staff and trainees (Externs, Interns, and Fellow) attend weekly staffing/business meetings. Note: Thursday is a mandatory day for all TSP trainees, as that is when we have our team meeting, during which cases are presented and assigned and relevant administrative information is disseminated. In addition, all staff and trainees attend weekly Consultation on Thursdays, which focuses on the implementation of evidence-based practice through case presentation and

discussion, as well as the exploration of relevant research literature. In select cases, an Extern may participate in small archival data research projects with an eye toward presenting a poster or paper at a conference. In all cases, Externs will learn by engaging in tasks that increase in intensity, complexity, and difficulty over time, and by observing and interacting with other psychologists. It is expected that Externs will engage in clinical work that is grounded in theory and research and shaped by reflection on its every aspect.

In sum, Externs participating in the Trauma Services Program will gain experience in the following skills and activities:

1. Develop accurate assessment, diagnostic, and treatment planning skills based on objective assessment and interview.
 - Develop the ability to select and administer appropriate assessment measures (e.g., CAPS, PCL, etc.) specific to the patient's needs.
 - Develop the ability to review patient records and integrate information from diagnostic interview and self-report measures into report writing, case formulation, and treatment planning tasks.
 - Develop skill in using a Shared Decision-Making process with new patients to collaboratively determine appropriate treatment goals and therapy options (i.e., CPT, PE, etc.).
2. Attain competence in providing evidence-based therapies for PTSD and associated problems from a culturally responsive framework.
 - Participate in trainings for evidence-based PTSD therapies
 - Carry a caseload of at least five individual patients and provide either CPT or PE, as clinically appropriate.
3. Gain experience working with a diverse veteran population, which varies in age, gender, race/ethnicity, sexual orientation, SES, trauma history, religion, and other factors.
4. Develop effective clinical documentation skills through routine note and report.
5. Develop effective professional interpersonal skills through routine interaction with fellow trainees, patients, professional staff, and support staff.
6. Attend weekly TSP staffing meetings with the Trauma Services Program treatment team.
7. Attend weekly consultation meetings, which include trainee case presentations, research and other topical presentations, and group supervision.

COVID-19 CHANGES:

The Trauma Services Program (TSP) has long had a commitment to delivering services via telemental health (TMH). TMH services may include delivery of EBPs for PTSD and offering appointments by telephone or VA Video Connect (VVC) modalities. In addition to face-to-face delivery of services, externs will be provided training in the delivery of telemental health, including the implementation of CPT and PE via technology. TSP is also using virtual modalities to support such program activities as supervision, weekly team meetings, and didactic trainings. Staff will continue to coordinate with the Training Director, VHA guidelines, and Hines leadership to determine when and how face-to-face care will be delivered by Externs. If an Extern is to provide face-to-face care, TSP and Hines will provide appropriate personal protective equipment (PPE) as needed.

COVID-19 Related Changes to Practicum Program

Given the fluid nature of the COVID-19 pandemic, it is difficult to anticipate the exact modifications that may be implemented within each track that is a part of our practicum training program. For the past couple of training years, we increased use of telehealth and technology-based platforms across all training activities (seminars, telesupervision, team/staff meetings). Some areas have been able to accommodate provision of all clinical services via telehealth while others, namely inpatient rotations, have not. We have attempted to provide a brief description of COVID related training changes for each track. It appears that the use of telehealth and technology-based delivery platforms is here to stay.

During the past couple of training years, our externs are in clinic one day per week and teleworking the other day. Telework typically involves completion of administrative duties and participation in seminars, team meetings, and virtual supervision from home. Telework *may* also include provision of telehealth services from home. Teleworking holds significant challenges even for seasoned clinicians and makes it harder to access needed support in standard and emergency situations. Externs are provided with instruction regarding the use of the telehealth equipment at the outset of the training year. No trainee will be permitted to provide telehealth services without first completing all required trainings. All patient care is conducted via secure network videoconferencing and virtual supervision is only conducted via approved platforms (i.e. Webex, VVC). The VA Enterprise Service Desk is available to help with all Technical difficulties that cannot be resolved through local troubleshooting.